

THE TUBERCULOSIS ASSOCIATION OF INDIA

(Registered under the Societies Registration Act XXI of 1860)



PROCEEDINGS
OF THE
THIRTYFOURTH CONFERENCE OF
SECRETARIES OF TUBERCULOSIS
ASSOCIATIONS

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HELD ON
23rd APRIL, 1983

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3, RED CROSS ROAD, NEW DELHI-110 001

A G E N D A

1. Welcome.
2. To review the activities of State TB Associations during 1982, with special reference to the activities undertaken in connection with the Centenary of the Discovery of Tubercle Bacillus by Robert Koch.
3. (a) To note that consequent on the increase in the cost of production of TB seals, the cost of a TB seal has been increased from 20 paise to 25 paise, effective
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- (b) To review
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6. Any other

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Dr. A.G. Patel	}	Gujarat
Dr. S.H. Patel		
Dr. O.P. Dehar		Haryana
Air Commodore I. D. Dua		Jammu & Kashmir
Dr. T. Manickam		Karnataka
Dr. C.E. Sivadas		Kerala
Dr. K.C. Mohanty	}	Maharashtra
Dr. S.S. Virdi		
Dr. D.P. Verma		Madhya Pradesh
Prof. Harihar Das		Orissa
Sri V.P. Munisamy, M.P.		Pondicherry
Dr. K.K. Gumbhir		Punjab
Dr. G. Chandrasekharan	}	Tamil Nadu
Sri. P.A. Daivasigamani		
Dr. N. Deb Burman		Tripura
Dr. M.M.S. Siddhu, M.P.	}	Uttar Pradesh
Dr. M.S. Agnihotri		

The following were present by invitation:

Sri K. Balasubramaniam

Dr. A. Banerji

Dr. K. S. Bhatia

Dr. P.A. Deshmukh

Dr. H.B. Dingley

Dr. G.D. Gothi

Dr. Hem Raj

Dr. Iqbal Begum

Dr. S.L. Kotbagi

Dr. M.L. Mehrotra

Dr. D.R. Nagpaul

Dr. N.M. Sinha

Dr. S. Sivaraman

Messages regretting inability to attend the Conference were received from Dr. L. N. Chintey, Dr. H.P. Basu, Dr. R.M. Bali, Dr. Tahir Mirza, Dr. V. K. Padmanabhan, Dr. T. N. Sharma, Dr. P. K. Sen, Dr. M. D. Deshmukh, Dr. Khushdeva Singh and Dr. A. Pazo.

Welcome :

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Dr. M. S. Chadha : On behalf of the Tuberculosis Association of India and on my own behalf, I extend a cordial welcome to all of you and thank you for making it convenient to attend this Conference. Before I go ahead with the agenda, I would request all of you to introduce yourselves by mentioning your name and the State you belong to as there are some new faces this year. It is natural that all of you may not be known to each other.

(Those present at the Conference introduced themselves one by one)

Dr. M. S. Chadha : I have often said in the past that the important role that the Secretaries of the State Associations are required to play in the implementation of the National Tuberculosis Programme cannot be over-emphasised. As you all know, the main purpose of holding this Secretaries' Conference is to facilitate exchange of views and opinions among all of you and to share your achievements and failures for the benefit of others. I have no doubt in saying that it is around all of you, Secretaries of the State Associations, that the various activities of the Central Association

revolve. In a way, the State Associations provide the lead to the Central Association. It is from your dynamism, capacity to work out plans and programmes and to involve the governmental machinery and other voluntary agencies in anti-TB work that the Central Association gets its strength. The voluntary agencies, health departments, government departments and social welfare departments all play a vital role in promoting anti-TB measures in all the States and you may make use of these agencies in stepping up health education activities also. Without their involvement, it may not be possible to achieve our objectives.

I know, voluntary work is a tough job. Many people are not interested in it. However, it is for you to select the right type of persons and get them involved actively in our work. I would like to emphasise again, what I have often said before, that there should be no room for frustration in people who are engaged in this noble cause. The Central Association can only guide the State Associations as to how best they can implement the programmes and it is entirely for the State Associations to take up the matter with the concerned authority and to see that the various programmes are implemented by their respective Governments. You must give your support and whole-hearted cooperation to the health programmes which are being formulated and implemented by the Central and State Governments.

As you all know, the World Health Organisation has set up a target of 'Health for all by 2000 A.D.'. I do not think it is impossible to achieve this goal. Where there is a will, there is a way. I request all of you to give serious thought to it and formulate your programmes in a rational manner and then implement these to the best of your capability. Of course, there may be individual variations in approach. There may be some flexibility. But the best way of tackling any health problem is to have realistic plans.

Often, a question arises, particularly in governmental machinery, as to who is responsible to implement the health programmes? We are all partners and voluntary organisations are equally involved in alleviating human suffering. If there is any delay in planning the programmes on the part of the Government, do not be discouraged. Please use your moral force to get matters expedited. I also request all of you to give your full support to the Central Association. I would recommend you to study very carefully the Blue Print brought out by the Tuberculosis Association of

India which I am sure you will find most interesting and useful. You should also study what is the health plan of the Central Government and how best it can be implemented in your State. If you implement the programme in a rational manner it is bound to be successful. With these few words, I now go on to agenda item No 2.

Agenda item No. 2

To review the activities of State TB Associations during 1982, with special reference to the activities undertaken in connection with the centenary of the Discovery of Tubercle Bacillus by Robert Koch.

BRIEF REPORTS OF ACTIVITIES OF STATE ASSOCIATIONS

Andhra Pradesh : The Executive Committee of the Andhra Pradesh Association met four times during the year. The Association held its 19th Annual General Meeting and the 10th State TB Conference (Robert Koch's Discovery of TB Centenary Conference) in March 1982 at Hyderabad, which was attended by about 200 delegates. During the year the Association conducted 17 TB Camps in various districts which included two BCG vaccination drives. A Seminar was held at Ibrahimpatnam, Ranga Reddy District and three Refresher Courses at Hyderabad, Machilipatnam and Vizianagaram, each of which was attended by more than 100 doctors. The Association's Clinic for children and Immunisation Centre continued to work as a Sub-Centre for domiciliary treatment. There are 34 Care Committees functioning in the State and about 2,200 patients were given relief to the tune of Rs. 44,780/-. The Association gave a sum of Rs. 20,000/- for repairs to the TB ward of Government Hospital, Machilipatnam and provided equipment to the TB Ward, Govt. Headquarters Hospital, Kammom at a cost of Rs. 15,000/-. There are 24 District TB Associations including one for the South Central Railway, all of which observed the Koch Centenary celebrations during the year by organising meetings, camps, surveys, film shows, refresher courses, etc. The State Association intensified its health education drive through film shows and distribution of flip charts, posters and cinema slides. It functions in close cooperation with other voluntary organisations, like Lions and Rotary Clubs, I.M.A., Tribal Welfare Organisations, etc. The Association deputed 11 delegates to the 37th National Conference on TB & Chest Diseases held at Delhi besides DTOs and Secretaries deputed by the Districts.

The Association collected Rs. 5,02,738/- from the 32nd Campaign and took seals worth Rs. 8,00,400/- for the 33rd Campaign.

Bengal : The Executive Committee of the Association met nine times and other Committees thirty times during the year. The Koch Centenary celebration and the 5th State TB Workers Conference were held in May, 1982. These were attended by about 300 delegates. During the Conference five symposia on Pathology, Control of TB, Air Pollution, Pediatric TB and Bronchial Asthma were held. The Association continued its Mobile Chest Clinic-cum-Laboratory services in industrial and rural areas, through which about 1200 patients are getting treatment. Apart from the Dr. P.K. Ghosh Oration, the Association has instituted two other Orations in memory of Dr. B.C. Roy and Dr. K.N. De. The Association conducts health visitors courses regularly and pays stipends to the trainees. Its Social Welfare and Rehabilitation Sub-Committee functions as the Care Committee through which cash doles and lumpsum loans for rehabilitation are given. A provision of Rs. 20,000/- is made for this purpose every year. The Association supplements the Government programmes by conducting anti-TB publicity work, BCG vaccination drives, arranging for home visiting and checking during default through health visitors and rendering service through rural static chest clinics. It carried out extensive health education activities and its publicity staff delivered 510 lectures, organised health exhibitions, distributed leaflets and booklets on TB among school and college students, workers in factories, tea gardens, mines, etc. The Association publishes a bi-monthly Journal and two special issues, one on seal sale and the other on Mobile Chest Clinics, were brought out during the year. Out of 16 Districts 15 have District Associations and all of them are very active. The Association conducted a Flag Day on 7th August and collected Rs. 26,741/-.

The Association collected Rs. 2,59,355/- from the 32nd Campaign and took seals worth Rs. 6,00,400 for the 33rd Campaign.

Bihar : The General Body of the Association met once and Executive Committee four times during the year. The Association organised its first State TB Conference along with the Koch Centenary celebrations and it was attended by about 800 delegates. The Association established TB Associations in the Districts of Plamau (Daltonganj) and Hajipur (Vaishali) and conducted a three-day anti-TB shibir near Daltonganj where the slum-dwellers of the town and the workers of Rajhara

Coal Mines were examined. The Association continued its health education work by arranging for exhibitions, film shows, radio talks, display of posters, cinema slides, etc. It is taking steps to construct its own office building, bring out a Journal on TB and develop a library.

The Association collected Rs. 23,919/- from the 32nd Campaign and took seals worth Rs. 40,400/- for the 33rd Campaign.

Delhi : The Executive Committees of the Association met ten times and other Committee 12 times during the year. The main activity of the Association was the organisation of the 37th National Conference on Tuberculosis and Chest Diseases (Robert Koch's Discovery of TB Centenary Conference) including an International Symposium in New Delhi in October 1982 which was attended by about 600 delegates, including some from foreign countries. The Association participates in the refresher courses for general practitioners organised by the New Delhi TB Centre and Delhi Medical Association and supplements Government effort by promoting domiciliary treatment scheme and assisting in case-finding programme in re-settlement colonies and slum areas. It organised an anti-TB Week and continued its health education activities. The Regional Committees provided socio-economic relief to poor TB patients to the extent of Rs. 1,00,000/-.

The Association collected Rs. 38,000/- from the 32nd TB Seal Campaign and took seals worth Rs. 70,400/ for the 33rd Campaign.

Gujarat : The Executive Committee of the Association met five times during the year. As part of the Koch Centenary celebrations the State Association organised the Xth State TB Conference in Ahmedabad in March 1982. 400 delegates attended it. The Centenary was celebrated in a fitting manner throughout the State in which voluntary organisations like Jaycees, Lions, Rotary Clubs, etc. did commendable work in creating awareness among the general public about tuberculosis. The Association carried out an intensive health education campaign by distribution of pamphlets and booklets and organising public meetings, film shows, etc. in cooperation with the District/Taluka Associations, Health Department of the State Government and branches of the Indian Medical Association. A special booklet on TB in Gujarati was published and distributed for educating the lay public. The Association also brought out a special hand-out depicting the life of Robert Koch and covering all aspects of tuberculosis. The TB Relief Organisation, Ahmedabad and the

K.J. Mehta TB Hospital, Amargadh, which are the most active branches of the State Association, carried out mass surveys, camps and domiciliary and outdoor treatment programmes.

The Association collected Rs. 56,000/- from the 32nd Campaign and took seals worth Rs. 1,00,400/- for the 33rd Campaign.

Goa, Daman & Diu : The Executive Committee of the Association met seven times during the year. The Association conducted four shibirs and three refresher courses, one each for private medical practitioners, laboratory technicians and compounders and gave them financial assistance. There are 13 Care and After-Care Committees which provided socio-economic relief amounting to about Rs 98,500/- for 550 beneficiaries. The Association continued to assist indigent patients with monthly grants, transport allowance, drugs, etc. and a sum of over Rs. 12,530/- was spent for the purpose. The Association imparted health education through Health Centres by organising lectures to medical and para-medical staff of the Health Directorate, health guides, and the general public through film shows, distribution of leaflets, posters, etc. A special programme to commemorate the Centenary of the Discovery of Tubercle Bacillus by Robert Koch was organised, which included a Seminar/Refresher Course in May 1982 and institution of awards for the PHC/UHC which contributed for the best case-finding operations and highest BCG vaccinations during the centenary year. The Association subscribes for the Indian Journal of Tuberculosis on behalf of Health Officers and institutions.

The Association collected Rs. 45,616/- from the 32nd Campaign and took seals worth Rs 50,400/- for the 33rd Campaign.

Jammu & Kashmir : The Executive Committee of the Association met once during the year. Out of thirteen districts in the State, ten have TB Associations. The State and District Associations imparted training to poor patients in their vocational centres and assisted them in their rehabilitation. They also rendered financial help to those who were unable to join the training centres. They continued their health education efforts by distributing publicity material to DTOs and other agencies and by organising talks on the Radio and T.V. and holding public meetings etc. in connection with the Koch Centenary celebrations.

The Association collected Rs. 18,013/- from the 32nd Campaign and took seals worth Rs. 30,400/- for the 33rd Campaign.

Karnataka : The Executive Committee of the Association met twice during the year. The Association organised 199 shibirs and 31 mass detection camps and surveys in 1982. The District Associations organised refresher courses. There are 36 Care Committees and these helped poor patients with drugs and nutrients. The Association carried out its health education activities by organising exhibitions, film shows, and distribution of booklets, hand bills, etc. through District TB Associations and educational institutions. Of the 19 Districts in the State 17 are having TB Associations. The Association subscribes to the Indian Journal of Tuberculosis on behalf of its DTOs, etc.

The Association collected Rs. 1,22,290/- from the 32nd Seal Campaign and took seals worth Rs. 4,00,000/- for the 33rd Campaign.

Kerala : The General Body of the Association met once, the Governing Body twice, the Executive Committee, Research and other Committees three times during the year. A State level Conference on TB & Chest Diseases was held in August, which was attended by about 200 delegates. The Association arranged special functions to observe the Centenary of the Discovery of Tubercle Bacilli by Robert Koch and seminars and refresher courses were organised in all the districts. The Association arranged for training of personnel in TB Centres and other institutions, organised exhibitions and intensified the health education efforts by distribution of booklets, etc. and also by written tests among students, publication of articles, radio talks, group discussions, public meetings and film shows. Of the 13 districts in the State 10 have TB Associations and efforts are being made to form District Associations in the remaining districts. Essay competitions on TB for Arts, Science and Medical College students were held and prizes were distributed for the best essay from each category. The Association supplemented Government work by provision of equipments, drugs and staff and spent a sum of Rs. 27,332/- for the purpose. It subscribes to the Indian Journal of Tuberculosis on behalf of all its District TB Officers.

The Association collected Rs. 5,04,868/- from the 32nd Campaign and took seals worth Rs. 8,00,400/- for the 33rd Campaign.

Madhya Pradesh : The Executive Committee and the General Body of the Association each met once during the year. The Association organised a special function at the time of its Annual General meeting to celebrate the Centenary of the Discovery of Tubercle Bacillus by Robert Koch. The function was combined

with the first State TB Workers Conference which was attended by eminent doctors. A meeting of the State TB Officers was also held on the occasion. At district level, the District TB Associations organised exhibitions, film shows, case finding and BCG vaccination camps in connection with the Centenary. The Association compiled a booklet 'Kshaya Rog Nirdeshika' in Hindi and it was dedicated to the memory of the late Dr. N. L. Bordia. A large number of copies of this booklet was published and circulated among the general health services staff and TB workers by the Health Education Bureau of the Health Directorate. The Association awards Medals, Trophies, Cups, etc. for meritorious work. It continued its health education work and helped indigent TB patients.

The Association collected Rs. 46,882/- from the 32nd Seal Campaign and took seals worth Rs. 1,20,400/- for the 33rd Campaign.

Maharashtra : The State Association conducted 63 small and big shibirs during the year. The O.H.T. Clinic run by the Association continued to work as one of the area TB Clinics with ten peripheral centres to look after. The Association undertook various types of research work and participated in the intermittent short-course chemotherapy trial. The Dr. B. B. Yodh Memorial TB Reference Library and Research Centre of the Association not only look after their own work, but also acts as a Reference Laboratory to other institutions. The Association organised the 19th Maharashtra State TB Conference at Nanded and intensified its case-finding and health education activities. It participated in health exhibitions, symposia, seminars and workshops organised by various institutions and organisations in the State. It also participated in the Symposium on Tuberculosis organised by Lupin Laboratories to celebrate the Koch Centenary and in the Workshop on "Advances in the Management of TB and non-tuberculosis Chest-infections" arranged by Synthico Formulations Private Ltd. It provided socio-economic assistance to needy TB patients and assisted them in their rehabilitation.

The Association collected Rs. 83,432/- from the 32nd seal campaign and took seals worth Rs. 1,42,000/- for the 33rd campaign.

Meghalaya : The Executive Committee of the Association met once during the year. The Association has decided that its Project Committee should take the initiative to form District Associations as early as possible. A Sub-Committee has been formed to prepare a master plan for the various developmental projects of the Association. A special function was organised to observe the Centenary of

the Discovery of Tubercle Bacillus by Robert Koch and it was followed by a Scientific Session covering all aspects of tuberculosis. The Association intensified its health education activities by publishing articles on tuberculosis in English and regional language newspapers, distributing booklets, organising film shows, etc.

The Association collected Rs. 11,259/- from the 32nd seal Campaign and took seals worth Rs. 10,400/- for the 33rd Campaign.

Orissa : The General Body of the Association met once and the Technical Committee twice during the year. The Third State Conference on Tuberculosis and Chest Diseases was held at Burla in March 1982 and it was attended by about 200 delegates. 30 shibirs, covering 6951 persons were conducted. The TB Centre at Cuttack conducts refresher courses for doctors and para-medical workers and seminars are being organised in all the Medical Colleges and TB Hospitals in the State. During anti-TB week district TB Camps throughout the State and TB sputum survey camps were organised in the districts of Cuttack, Sundargarh and Puri. The Association observed the Koch centenary, opened another TB and Chest Clinic at Rajgangpur, Sundergarh District, from its own funds and provided medicines, staff, etc., and intensified its health education effort. All the 13 districts have District Associations and they are carrying out health education activities. The Association subscribes to the Indian Journal of Tuberculosis on behalf of its DTOs, etc.

The Association collected Rs. 73,425/- from the 32nd seal Campaign and took seals worth Rs. 1,80,400/- for the 33rd Campaign.

Pondicherry : The General Body of the Association met four times during the year. The Association celebrated the Centenary of the Discovery of Tubercle Bacilli by Robert Koch by organising case-finding camps in selected villages, intensifying the BCG vaccination programme and enumeration of chest symptomatics for diagnosis and treatment. It intensified its health education activities by projection of cinema slides, display of posters, organising radio talks and through distribution of pamphlets, leaflets, etc.

The Association collected Rs. 55,000/- from the 32nd Seal Campaign and took seals worth Rs. 30,400/- for the 33rd Campaign.

Punjab : The Executive Committee of the Association met twice and the General Body once during the year. The Association organised the 8th Punjab State TB Conference at Patiala in October,

which was attended by about 500 delegates. It organised a Refresher Course at Ropar which was attended by DTOs and members of the I.M.A. The Association continued its health education activities by distributing material received from the Central Association and arranging for talks on the Radio, T.V. etc. It organised the Centenary celebrations and intensified the case-finding and case-holding programmes. The Association subscribes to the Indian Journal of Tuberculosis on behalf of its DTOs, etc.

The Association collected Rs. 1,04,200/- from the 32nd Seal Campaign and took seals worth Rs. 2,50,400/- for the 33rd Campaign.

Tamil Nadu : The General Body of the Association met once, the Executive Committee twice, the Central Committee once, the Technical Committee thrice and the Health Education Committee twice during the year. The Association has on its rolls 128 Life Members and 440 Ordinary Members. It observed the Anti-TB Week and the Koch Centenary by organising an intensive health education programme through the media of newspapers, A. I. R., T. V., public lectures, student meets, teachers meetings, group discussions, etc. The State Governor gave the Valedictory address and unveiled the portrait of Robert Koch. The Association also conducted essay competitions in the city colleges and higher secondary schools and awarded prizes for the best essays. A village level worker has been appointed in most of the districts to assist in the case-finding programme and a sum of Rs. 1,68,750/- has been sanctioned for the purpose. All the 16 District Associations intensified their health education activities, organised rural health check-up camps, mass BCG campaigns, essay competitions, film shows, public meetings, etc. The Association conducted a Refresher Course on TB at Tirunelveli Medical College which was attended by 91 doctors and it organised a training programme on TB control for homeopathy doctors at Thanjavur. The Association held another Refresher Course at Tirupathur in cooperation with the District TB Association, North Arcot, BCG drives at Cheyyar and Polur, a case-finding and prevention camp at Tirupathur and a rural health check-up camp at Jolarpet. The Association set apart a sum of Rs. 2,56,677/- for intensification of its health education programme at State and District levels. The amount is being utilised for display of posters/wall paintings, etc. at all primary health centres, printing and distribution of brochures in educational institutions, purchase of slide projectors, films, etc. The Association supplemented Governmental effort by meeting expenses amounting to about Rs. 13,40,000/- for

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construction of wards and clinics at Walaja, Cheyyar, Namakkal and Gudiyattam (N.A. District), Mettur (Salem District) and Sankarancoil (Tirunelveli District) and other places. It also provided equipment, drugs, etc. to institutions at a cost of Rs. 44,000/-. It has sanctioned Rs. 80,000 for purchase of a diesel vehicle for use by the DTO, Ramnad, for case-finding activities, etc. The Association continued to give financial help to TB patients. It receives cooperation from other voluntary agencies in its activities. Its rolling Trophy, Dr. Raja Sir Annamalai Chettiar Birth Centenary Trophy, was awarded to District TB Association, Thanjavur, for outstanding anti-TB work during the year. The Association subscribes to the Indian Journal of Tuberculosis on behalf of its District TB Officers, etc.

The Association collected Rs. 7,68,593/- from the 32nd Seal Campaign and took seals worth Rs. 15,00,000/- for the 33rd Campaign.

Tripura : The Executive Committee of the Association met thrice and the General Body once during the year. The Association has offered a donation of Rs. 50,000 for the construction of a Recreation Hall attached to the TB Ward, Government G.B. Hospital, Tripura, donated 60 MMR X-ray films to TB Chest Clinic, and continued to give financial assistance to TB patients. It has launched special case-finding programmes among tea garden, beedi and jute mill workers and continued its health education effort by printing and distributing booklets and the publicity material received from the Central Association. The Association organised a Padayatra in which several hundred students, NCC Cadets, Girl Guides, members of the Association, etc. participated. It also organised group meetings of TB patients, school teachers, members of Rotary Clubs, Lion Clubs, etc. and the film on TB was screened in different parts of the State.

The Association collected Rs. 38,300/- from the 32nd Seal Campaign and took seals worth Rs. 50,400/- for the 33rd Campaign.

Uttar Pradesh : The Executive Committee of the Association met twice during the year. Out of 52 districts 42 have TB Associations. The State and District Associations celebrated the anti-TB Week and the centenary of Robert Koch's Discovery of Tubercle Bacillus by organising special functions. A special brochure containing useful information about tuberculosis and carrying the photograph of Robert Koch was brought out and distributed widely. The

fifth State TB & Chest Diseases Workers Conference held in January at Dehra Dun was attended by about 600 delegates. The Association decided that a Centenary Oration programme be arranged each year and the first Oration was delivered by Dr. P.K. Sen at the Dehra Dun Conference. Shibirs were organised by the District Associations of Bareilly, Basti, Almorah, Jaluan, Lakhimpur, Kheri and Shahajhanpur. Three refresher courses were organised at Agra, Etah and Lucknow for medical practitioners. The C.B. Gupta TB Clinic run by the Association at Lucknow catered to the patients in the locality. Besides, a large number of patients were given financial assistance for diet, clothes, travel expenses, etc. The Association organised a systematic publicity programme with the help of its publicity van which is equipped with 16 mm cinema sound projector, etc. The van was sent to various districts and film shows were conducted at most suitable places attracting large crowds.

The Association collected Rs. 1,18,560/- from the 32nd Seal Campaign and took seals worth Rs. 6,02,400/- for the 33rd Campaign.

Dr. M. S. Chadha : I am sure, all of you have got a copy of the agenda and a brief summary of the activities of the State Associations is attached to it. I understand that these have been circulated to all of you well in advance and I take it that you have gone through them carefully. I can assure you that each and every word of these reports has been gone through at least by myself, by the Secretary-General and Dr. Pamra. We know what you have been doing, what are your achievements and what are the causes of your short-comings or failures, if any. You will now have an opportunity to add anything to what has already been circulated but I would request you not to repeat anything which is already included in your report, but refer only to activities not covered by the report.

There are some States, viz. Tamil Nadu, Andhra Pradesh and Bengal which have done very good work. States like Maharashtra, Gujarat, Kerala, Goa, etc. are also doing good work. They are going ahead in various ways, both with regard to the general activities and in supplementing the governmental efforts. The Andhra Pradesh Association has established District Associations not only in all their districts but they have got a District Association for the South Central Railway also. I am also glad to say that a large number of District Associations have been established in Tamil Nadu and also in U.P. I offer them my congratulations. I

am glad that the activities in some other States also are fast expanding. But there are a few who are lagging behind. I hope they too will come up to our expectations very soon. I would now request that if anyone of you would like to refer very briefly to any salient features of your activities by which you have been able to achieve success, or any future activity that you intend taking up, you may kindly do so in a few words.

Dr. D. Umapathy Rao (Andhra Pradesh) : Our main activity next year will be to establish at least one taluka branch in each District. We have already taken a decision for this. We are also going to add an auditorium in our building. We have provided Rs. 2 lakhs in this year's budget for this purpose. We are now concentrating mainly on case-finding. Regarding seminars, we have decided to organise one seminar for the medical practitioners from each group of three contiguous districts. Whenever we hold seminars, government extends their cooperation and help. We also propose, in due course, to have our own library.

Dr. M. S. Chadha ; Thank you, Dr. Umapathy Rao. I agree you have done very good work. We are glad that you are trying to reach the peripheral level. Now I would like to know from the representative of the Bengal Association if he has anything to add to what has already been reported.

Dr. M. K. Majumdar (Bengal) : We received the donation of a piece of land in the heart of Calcutta and this has enabled our Association to start a TB Treatment Centre for that area.

Dr. M. S. Chadha : What about your activities in the rural areas ?

Dr. N. M. Sinha (Bengal) : We have been doing lot of work in the rural areas through our mobile clinic-cum-laboratory. These clinics are concentrating only on industrial and rural areas. Sputum collection is done by the laboratory technicians and one of our workers go round and find out the symptomatics and arrangements are made for their diagnosis and treatment.

Dr. A.G. Patel (Gujarat) : How many cases have you detected under this programme ?

Dr. N. M. Sinha : About 1200. We arrange for their treatment and follow-up. The clinic functions for about two years in a particular area and then moves on to another area.

Dr. M. K. Mazumdar : Cases are referred to the Primary Health Centre also.

Dr. M. S. Chadha : Thank you, Dr. Mazumdar. We know Bengal is doing good work. Now I would like to hear about the activities of the Bihar Association. I am glad to know that they recently organised their first State-level Conference.

Dr. A. A. Mallick (Bihar) : Yes Sir, we had a very successful Conference which was largely attended. We have recently been trying to activate our District Associations. So far we have been able to establish such Associations in 23 out of 33 Districts. Till now our activities have been largely confined to State or district headquarters. We have now issued circulars suggesting the formation of taluka Associations in the districts. We have also told them that unless their activities permeate to the primary health centre level, they will not receive recognition. We also propose to have our own building and start a medical journal and set up a library.

Dr. S. P. Pamra : To have a standard medical journal and a good library is extremely difficult. I would suggest that, instead, you concentrate on other activities, viz. health education, case-finding, refresher courses for general practitioners, etc.

Dr. A. A. Mallick ; Thank you, Dr. Pamra. I agree with what you say and we shall give up the idea of starting a library and a journal. We accept your suggestions and shall try to concentrate on other activities such as shibirs, refresher courses, case-finding, etc.

Dr. M. S. Chadha : Thank you, Dr. Mallick. We wish you all success in your efforts to activate the District Associations and also in establishing Associations at taluka level. Dr. Singh may now kindly tell us about the activities of the Delhi Association.

Dr. M.M. Singh (Delhi) : Last year all our attention was concentrated on holding the National Conference. In addition, we also started two additional diagnostic and treatment centres in the rehabilitation colonies, one at Jahangirpuri and the other in trans-Jamna area and these are doing good work. Our headquarters building is coming up fast and it will have provision for a hall and a library which will be of health education type. We also propose to have a permanent exhibition on health education in our premises.

Dr. G. D. Gothi : I would like to know for whom this library is meant and what sort of material you are going to have in it. I would also like to know from Dr. Singh the response the Delhi Association had in organising refresher courses for general practitioners as my efforts in that direction in 1982 were not successful.

Dr. M. M. Singh : As I have already said, the library will have health education type material.

Dr. M. S. Chadha : Thank you, Dr. Singh. I may however mention here that the sale collections of Delhi Association are rather low. I would request Dr. Singh to see that something is done to improve the position. I now request the representative from Gujarat to tell us about their activities.

Dr. S. H. Patel (Gujarat) : Firstly, I am glad to inform all of you that we are shortly going to have our own premises and we are planning to intensify our activities. We shall be cooperating with the Ahmedabad Municipality in undertaking special projects for surveying certain areas with a population of 50,000 or more and thereby help in stepping up the case-finding activities, particularly in rural areas and urban slums. We will check up the people by screening and sputum examination and after they are diagnosed by the specialists their treatment will be entrusted to the general practitioners. Each general practitioner will be assigned a few cases and they will be paid for taking care of them.

Dr. Pamra : What is the main objective of this project?

Dr. S. H. Patel : The object is case-finding. The newly detected cases will be looked after by a panel of general practitioners who have volunteered to do so on a small payment. Diagnosis will be done by TB specialists and thereafter the cases will be handed over to general practitioners and one of our health visitors will do the follow-up work. We have got plans to cover one lakh population as a pilot study and later on we may take up more areas.

Dr. A. G. Patel : (Gujarat) : The entire project has been planned by the Ahmedabad Municipal Corporation and the Gujarat Association will be cooperating with them in its implementation. However, due to shortage of drugs we are finding some difficulty in going ahead with the project. The Ahmedabad Municipal Corporation has sanctioned an additional sum of Rs. 30 lakhs for drugs in this connection.

Dr. S. P. Pamra : Do you mean to say that the drugs supplied by the Corporation are inadequate?

Dr. A. G. Patel : Yes, these are not enough, and that is why the Corporation has sanctioned more funds for the purpose. The project is still in the planning stage.

Dr. Chadha : We are very much interested in such projects. As you all know we have been suggesting to the Government to consider the clinics of those General Practitioners who are prepared to keep proper records, as sub-centres for distribution of drugs and Government has not agreed to it so far. I am glad that the Ahmedabad Municipal Corporation has agreed to involve the General Practitioners in this programme and we shall certainly be glad to receive a copy of this scheme when it is finalised.

Dr. A. G. Patel : We shall be glad to send a copy to the Central Association when ready.

Dr. Chadha : Thank you. We now take up Goa.

Dr. C. Bounsule (Goa) : The only thing that I would like to say is that we are making all arrangements for the 38th National Conference to be held in Goa in October next.

Dr. Chadha : Yes, that we know. If there is nothing else, we will take up Jammu & Kashmir.

Air Commodore Dua (Jammu & Kashmir) : Our State has certain peculiarities. Our population is less than the population of Delhi but our people stay in far flung areas and they shift from one place to another in summer. Therefore, to reach the patients and keep track of them is very difficult, but I am happy to report that we are having good cooperation and active support from the State Government in all our activities. Recently we have built a new office and a new vocational centre in Srinagar and all expenses have been met by the Government. At present patients are brought to the Chest Diseases Hospital for treatment but health education activity is lacking to some extent and we are looking into it. Our set up in the districts include the Deputy Commissioner as President, the DMO/CMO and five public men as members. These Committees meet at least once in two months and they deal with all problems connected with TB. Ten out of 13 districts have TB Associations and we shall soon be having one more Association for Kargil District. These Associations sell TB seals and carry

out health education activities. We have also been concentrating on case-finding and case-holding activities. Our vocational centres, where patients and ex-patients are given training in various crafts, continue to do good work and we have trained up a large number of girls in embroidery, knitting, handicrafts, etc. We shall soon be setting up another vocational training centre in Jammu. All expenses in this connection will be met from Government grants.

Dr. Pamra : There is perhaps no need to have a rehabilitation centre these days as patients can carry on their vocations even while on treatment. Therefore I do not see why the Association should be running these vocational centres.

Air Commodore Dua: Normally, if a person suffering from TB has a vocation he collects his medicines from the treatment centre and goes back to his place and continues to do his work. But conditions in our State are different from other States. Our patients are mostly young girls or ladies, coming from very poor families, who have to be brought to Srinagar for treatment. They still believe in wearing *burkhas* or in the purdah system and they stay in the vocational centres during their treatment. The stipend of Rs. 80/- per month that is being paid to them is meant to cover their food expenses. While in the centre they are also given training in certain trades such as embroidery, knitting, handicrafts, etc. which will be helpful to them later in life.

Dr. Chadha : Thank you, Mr. Dua. We now take up Karnataka.

Dr. T. Manickam (Karnataka) : There are seventeen District Associations in our State. After the Maharashtra Association initiated the TB shibirs our State took it up in all earnestness and we have so far held 605 shibirs till the end of 1982. We have been concentrating our activities in the slum areas of Bangalore and in the rural areas of all our districts and this is going to be a regular programme for us. We have now a Joint Director of Health for TB and we are happy that Dr. Iqbal Begum is present here today and she has assured us full support for all our activities. Though we could not organise any formal function to celebrate the Koch Centenary, we arranged for radio talks, etc., and it has now been decided to name an important road in Bangalore after Robert Koch. As for stepping up case-finding, we have appointed two workers to go round and persuade the symptomatics to get themselves properly checked up. On going through the TAI report, I find that only a few lines are given as report of the Karnataka Association

and I am told by the Secretary-General that they did not receive any detailed report from us. I do not want to contradict it but we had sent a detailed report and I do not know why it was not received here. All that I wish to say is that we have done good work and after going back I shall send a copy of our report. Only we were not able to hold our State-level Conference and Koch Centenary function.

Dr. Chadha : Thank you, Dr. Manickam. Friends, due to certain compelling reasons I have to go now. I thank you all for the kind consideration you have shown to me. I now request Dr. Pamra to take the Chair and conduct the Proceedings.

(Dr. Chadha thereafter left the Conference and Dr. Pamra took the Chair)

Dr. S.P. Pamra : I think we now go on to Kerala.

Air Commodore Dua (J & K) : I would like to mention in this connection that unless the State Association meets the TA/DA of those persons who are interested in attending meetings and Conferences, we are not likely to get their cooperation and involvement in our work. While the TA and DA of Govt. officials are met by the respective Governments the minimum travel expenses of public men whose cooperation we need for the success of our work, have to be met by our Associations. It is enough if they allow even 2nd class fare. Otherwise, they may lose interest in our work and we may not get their cooperation and support. I therefore request that we may take a decision here and now in this regard.

Dr. Pamra : Yes, I entirely agree that these expenses have to be met by the State Associations. The days are gone when people could manage to attend these meetings on their own. We, at the centre, are also finding the same difficulties. I do not think there is any necessity for passing a resolution. But it is really expected that the State Associations will pay the minimum out of pocket expenses of their representatives to attend our meetings.

Dr. C. E. Sivadas (Kerala) : I have nothing to add except that the State Association has decided to have a State Conference this year in continuation of the Centenary Conference last year. In fact we are going to have the Conference every year as a regular activity. Kerala has also taken up rural health education and this is done under the auspices of the Primary Health Centre, Development Block and the Panchayat. The personnel at the State

TB Centre have started this in Trivandrum now and these personnel will go to the rural areas and educate groups of 50 to 60 persons at a time. This will be followed by a film show and BCG coverage. We are also contemplating to have a case-detection programme by sputum examination. For this technicians from the District Centre will be deputed. We are of course participating in the Second Short-term chemotherapy study and the Association has agreed to meet the cost of drugs and chemicals. These are the few things I wish to say.

Dr. S. P. Pamra : Thank you very much. We may take up Madhya Pradesh. Dr. Verma, please.

Dr. D. P. Verma (M. P.) : We organised our Second State-level Conference in February this year and it was largely attended. We are planning to have our own building for the Association and recruit additional staff so that our activities can be carried out more efficiently. We have also decided to spend at least 10% of our seal sale collections on preparing health education material for distribution through Gram Sewaks and Sewikas. This will be in addition to the health education material we are getting from the Central Association. During this year we propose to organise at least six case-finding camps in different districts, intensify the health education activities and seal sale campaigns and organise health exhibitions in schools. We have also decided to restart our quarterly Kshaya Sewa Bulletin and bring out a Robert Koch Centenary issue shortly.

Dr. S. P. Pamra : Thank you, Dr. Verma. Does anyone want to ask any questions to Dr. Verma ?

Dr. G. D. Gothi : What is the role of District Associations in implementing the TB programmes and are the DTOs involved in the activities of these Associations ? Do they attend meetings of the District Associations ? Is there close cooperation and coordination between the official agencies and voluntary organizations ?

Dr. S. P. Pamra : There is a specific item in the agenda on this particular aspect and we shall be discussing it later. Dr. Verma, can you tell us in how many districts DTOs are working as Honorary Secretaries of District Associations in your State ?

Dr. D. P. Verma : They are working as Honorary Secretaries of District TB Associations in all the districts.

Dr. S. P. Pamra : I suppose this will be the case in most of the States. The DTOs are therefore fully involved in the activities of the District Associations and naturally we expect there will also be close cooperation between the District Association and the official agencies.

Dr. S. H. Patel : I would like to know the present position in regard to the proposal to make the National TB Programme a 100% centrally sponsored programme.

Dr. S. P. Pamra : We have strongly recommended to the Government that the National TB programme should be a 100% centrally sponsored one and the Ministry of Health and Family Welfare has also agreed to it. It is understood that the matter is before the Planning Commission which has to find the funds to make this programme 100% centrally sponsored.

Dr. D. P. Verma : We have also written to our Government to make this programme 100% centrally sponsored.

Dr. S. P. Pamra : Thank you, Dr. Verma. We now take up Maharashtra.

Dr. K. C. Mohanty (Maharashtra) : The biggest success we had was to persuade the Municipal Corporation of Bombay to accept the TB control programme for the city of Bombay and set aside Rupees two crores for this programme and I think we are the first in the country to give Rifampicin, Pyrazinamide regimen to all the patients under this programme as per protocol drawn-up by us. Our second success was that we were able to involve the Pharmaceutical industries in organising seminars and symposia for general practitioners and medical students. Thirdly, we were able to involve a large number of school children in selling TB seals. We go to the schools, show the film supplied by the Tuberculosis Association of India and ask the students to sell the seals. This serves both as a health education and fund-raising campaign. We have been getting the cooperation of the NSS in our work but I would not say it has been very successful. We have been organising shibirs, but this time we are organising a different type of shibirs. We are organising blockwise shibirs. We are having the full cooperation of the State Government in this connection. They provide the transport and the funds required. We take our volunteers and are conducting multi-diagnostic camps including tuberculosis, leprosy, blindness and other diseases and

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we also carry out immunisation programme which is repeated after three months. In these blockwise shibirs we were able to detect about 450 cases of TB. Other activities are already mentioned in our report. Only our seal sale collections are very very low this year. I assure you that we shall improve the position considerably from the next year.

Dr. S. P. Pamra : We wish you all success. Only I wish to have clarification on one or two points for the benefit of our friends here. If I remember right there are about 17 clinics which will be involved in this gigantic case-finding programme you have taken up. Firstly, in how many centres the programme has been implemented, secondly, what is the attendance at your many seminars and for how many hours are these arranged and how many seminars have you been able to organise during the year and, thirdly, I heard that you have got a small band of workers who collect at the street corners and enact a short skit giving the message about TB and I am told that it has proved to be highly successful. Can you give some idea about this to our friends here ?

Dr. K. C. Mohanty : Firstly, in our TB Control Programme for Bombay City there are 21 Centres and not 17, and all of them are cooperating with us. So far the results are very encouraging, the diagnosis has gone up, defaulting has come down and this has brought down the demand for hospital beds. In fact about 20 to 25% of the TB hospital beds are now lying vacant. Secondly, we organise our Seminars/Symposia for six hours i.e. morning 3 hours and afternoon 3 hours. Usually, the subjects are given to the speakers and speakers from all over India are invited to give guest lectures. In every seminar or symposium, we have the attendance ranging from 100-150. These symposia are very much appreciated. In fact one of the symposia was organised by M/s Lupins and the proceedings are expected to be brought out shortly. As for the skit, this is enacted by NSS volunteers. This is in the local language and it has been highly appreciated. But I must say that this is a temporary activity as the NSS students go away after three months or so. We can certainly involve the next batch in this kind of work or case-finding programmes but one can not be too sure that they will take sufficient interest. However, I do feel it will be very helpful if they can be involved in our programmes.

Dr. S. P. Pamra : Thank you, Dr. Mohanty. Dr. Kotbagi, you want to say something ?

Dr. S. L. Kotbagi : The Government of Maharashtra gives a weightage of 1% extra marks for activities in health education in professional admissions. A large number of brilliant students are coming forward to work in urban as well as rural areas. We can canalize this concession to our advantage by proper motivation of the District Educational Officers of the Zilla Parishad as well as the District TB Associations.

Dr. K. C. Mohanty : The Bombay Municipal Corporation is giving two marks to the students who agree to adopt 15 families and take them for their health check-up and follow them up for one year.

Dr. S. P. Pamra : Here is a suggestion for other States. If the NSS volunteers can be involved in our work it will be extremely helpful. At least some of them will take interest in our work. The Maharashtra State Association will make the script of the play available to us and its copies will be sent to all State Associations. The activity could be adopted with lot of advantage.

Dr. K. C. Mohanty : I will send a copy of the script.

Dr. G. D. Gothi : Dr. Mohanty has started a new scheme. Anyone can adopt a patient for treatment by giving a donation of Rs. 500 to the Maharashtra Association.

Dr. S. P. Pamra : This is another suggestion which can be adopted by other States as well.

Dr. Kotbagi : The District TB Centres attached to the various Medical Colleges are not functioning properly and there is no coordination between these centres and the TB Department of these colleges.

Dr. S. P. Pamra : Dr. Kotbagi, this matter has already been discussed in great detail by the Technical Committee yesterday and certain recommendations have been formulated which will probably lead to better coordination between the District TB Centres and the Medical Colleges. I entirely agree with you that at present there is no coordination and sometimes they are working at cross purposes.

I would now ask Dr. Harihar Das to tell us about Orissa.

Prof. Harihar Das (Orissa) : We upgraded the posts of DTOs and they have become Class I officers now. But the result

has been that at least six districts have now only senior MBBS doctors. Previously we had DTCDs or MDs as DTOs and they knew about the tuberculosis programme and the functions of TB Associations. Now they have been replaced by general duty doctors according to seniority. So we have started a refresher course for such doctors for about six weeks at the Training and Demonstration Centres. Further, we have been conducting shibirs in all the Districts every month. We also hold refresher course for general practitioners. Last year we had these courses for one day but this year we propose to have it for two days in each district. We also propose to organise a State-level Seminar on 29th May this year. We are also hoping to get a piece of land from the Government for putting up our Association building. The Governor has personally spoken to the Estate Officer and he has given a definite promise and we hope to get the allotment of land shortly. We have also decided to invite the 1984 National Conference to Cuttack. The rest of the details are given in our report please.

Dr. S. P. Pamra : Thank you, Dr. Harihar Das. I would like to ask you one question about the training that you give to your doctors. Is it in lieu of the training that is given at the N.T.I. or is it only a preliminary training?

Dr. Harihar Das : It is only a preliminary training after which they will go to N.T.I. for the regular training.

Dr. Pamra : That is all right. Now we go to Punjab.

Dr. K K. Gumbhir (Punjab) : I have very little to add to what has already been given in our report. We are trying to have our own building as early as possible. In fact we have already started a building fund for the purpose. Further, we also propose to have a full-time officer in the Association office for attending to our work as that will considerably facilitate the implementation of our programmes. Government has recently decided to provide 220 additional microscopes for tuberculosis work at selected Sub-Centres and the Association will provide a few more microscopes if necessary. We have suggested that a large number of Class IV employees may be trained in preparing and staining sputum smears. Microscopy of these smears will be carried out by the Medical Officers since no laboratory technicians are posted in Sub-Centres. We also propose to organise refresher courses for laboratory technicians. The Government will be meeting their TA and DA.

Dr. S. P. Pamra : Thank you, Dr. Gumbhir. Now we take up Tamil Nadu. Dr. Chandrasekharan please.

Dr. G. Chandrasekharan (Tamil Nadu) : We have already given a detailed report and there is hardly anything more to add. During this year, we will be organising a State-level Conference and also a Refresher Course.

Dr. S. P. Pamra : One refresher course for Tamil Nadu is not at all enough. You should have at least one refresher course for each district.

We now go to a small State, Tripura, which is doing good work. Dr. Deb Burman please.

Dr. N. Deb Burman (Tripura) : We have already given a detailed report. We are trying our best to improve case-finding and expand our health education activities. We are also assisting the patients, who are really poor in their treatment.

Dr. S. P. Pamra : Dr. Burman, I find from your report that you have offered a donation of Rs. 50,000 to the Government for putting up a recreation hall in the Government Hospital. We are not happy about your spending the Association money for this purpose. Surely you can find some other useful way of spending your money, like organising more refresher courses for general practitioners, intensifying your health education and case-finding activities, etc. I hope you will give due consideration to our views in this matter.

I find that Dr. O. P. Dehar, Honorary Secretary, TB Association of Haryana, is here. Haryana has not sent us any report. Perhaps Dr. Dehar may like to say something.

Dr. O. P. Dehar (Haryana) : We shall send our report next year. I have nothing to say at present.

Dr. S. P. Pamra : Dr. Dehar, I do hope you will be able to give us a good account of your activities next year. Meanwhile, kindly send us your report for 1982 early.

I now request Dr. Siddhu to tell us about the activities of the U.P. Association.

Dr. M. M. S. Siddhu (U. P.) : We are mostly supplementing the Governmental efforts. We are also providing necessary

items e.g. cards etc. which may be temporarily out of stock and this is of direct or indirect benefit to patients. The DTOs are also cooperating with us in all our activities and Government has been deputing all of them to attend our State-level Conferences.

Dr. G. D. Gothi : From the reports of the State Associations, I find that sufficient importance is not being given to district branches. I would like to know what are the achievements of our District Associations and what are their functions. After all, the success of our programme depends on its effective implementation at the district level. I would therefore suggest that we should have more details of the activities of our Associations at district level. My humble suggestion is that from next year onwards, State Associations should give more space in their reports to activities of their District Associations.

Dr. S. P. Pamra : Activities of the District Associations are in a way reflected in the activities of the State Associations. If you desire that the Associations should make a special reference to the District Associations, we can certainly request the Secretaries that in the next year's report they should give a little more space to the activities of their District Associations.

I am grateful to all the Associations for their contributions and commend them for their activities during the last year. It is regretted that some of the states do not send their reports regularly. I do hope that we will receive the reports from every affiliate next year.

Now we take up the next item on the agenda.

Agenda item No. 3 (a)

To note that consequent on the increase in the cost of production of TB seals, the cost of a TB seal has been increased from 20 paise to 25 paise, effective from the 34th TB Seal Campaign commencing from 2nd October, 1983.

Secretary-General : We had sent out a circular informing all State Associations about the proposal to increase the cost of TB Seal from 20 paise to 25 paise with effect from the next Seal Campaign. This proposal was approved by the Executive Committee at its meeting held on 19th March 1983. It may be mentioned in this connection that the cost of a TB Seal was fixed at 20 paise in the year 1978. The cost of production of our seals has gone up considerably since then and it has now become necessary to increase

the cost of the seal from 20 to 25 paise from the 34th Campaign commencing from 2nd October, 1983. I am quite sure all of you will agree to this increase.

Discussion : This was followed by a brief discussion after which the Conference unanimously agreed that the cost of the seal may be fixed at 25 paise each from the 34th Campaign.

Agenda item No. 3 (b)

To review the position in regard to the collections of the 32nd Campaign.

Secretary-General : From the statement circulated (Appendix A) you will kindly see that a large number of States still continue to sell less than 50% of the seals taken by them and large quantities of seals remain unsold. This is an avoidable wastage. I earnestly request all of you that before you indent for seals, you may kindly re-assess your requirements. I would not mind even if you take less quantity of seals. The main thing is that you should try to avoid wastage of seals. Kindly see that whatever quantity of seals you indent for is sold without any wastage.

Dr. S. H. Patel : I would like to suggest that we may produce stickers for cars carrying anti-TB slogans for our health education activities. These stickers may be priced at Rs. 5/- to Rs. 10/- each.

Dr. K. C. Mohanty : I strongly support the proposal. We may also get transparencies of some slogans prepared.

Dr. S. P. Pamra : It may be too late for this year but we will note these suggestions for consideration next year.

Secretary-General : I forgot to mention a very important thing. It is absolutely essential that we close our seals campaign accounts as per schedule. Otherwise, it creates lot of difficulties. I would appeal to all State Associations to close the collections on the date specified by us, namely 30th September and report the collection figures to us by the 15th of October every year. You will also kindly see from the statement that some of the States have not even finalised the accounts of the previous campaigns. I request all of you to see that these accounts are settled promptly and in time as otherwise it creates lot of problems for us.

Dr. M. M. S. Siddhu : The procedure adopted by the Central Association regarding settlement of accounts of the seals campaign

does not correspond to any campaign. We find it extremely difficult to close the account by the 30th September and report the figures to the Central Association by the 15th October. I request the Central Association to extend this date further.

Secretary-General : I am entirely in the hands of the Secretaries. The decision to close the accounts by 30th September and to report the collections to the Central Association by the 15th October was taken by the Secretaries Conference after very careful consideration and therefore you will agree that we are only following the guidelines laid down by this Conference. Further, we are asking only for the collection report and not for money. We certainly anticipate that there will be some outstanding collections as on 30th September and that is why we have clarified that collections reported after the 30th September can be accounted for as collections of the next campaign. There should therefore be no difficulty in complying with our request.

Dr. S. P. Pamra : For the present campaign, we may maintain the status quo, but if you wish to have another procedure, we can certainly adopt that from the next campaign.

Secretary-General : We will write to the States and ask for their suggestions in this matter.

Agenda item No. 4

To receive the recommendations of the Technical Committee in regard to the role of TB Associations in the implementation of the National Tuberculosis Programme.

Dr. S. P. Pamra : We have been saying for a number of years that one of the main activities of the TB Associations is to supplement governmental efforts in implementing the National Tuberculosis Programme. But so far, no concrete steps have been taken in this connection. I am glad to inform you that Tamil Nadu Association has taken some concrete decisions and started a scheme in 10 districts for the present. I have got a copy of their scheme and we propose to send copies to the Secretaries of all State Associations. This scheme was also discussed at the Technical Committee yesterday. Some of the Technical Committee members felt that this required thinking in depth and it was not possible during the course of that meeting to come to any final decision on the Tamil Nadu scheme or on any other proposal. The Technical

Committee decided that the members may think over this matter and let us have their views as to what recommendations the Association can make to supplement the governmental efforts. Therefore, it is not possible for me to make any definite statement before you as mentioned in the agenda. We would expect the Secretaries of all the States also to give thought to this matter, taking into consideration what Tamil Nadu is doing. You can suggest a modified plan, keeping in view the conditions in your States. You can certainly make suggestions other than what Tamil Nadu is doing and you can send your recommendations before 30th of June. The Technical Committee or the Local Advisory Committee will then finalise the scheme after taking into consideration the views of all Technical Committee members and the Secretaries. The final scheme will be put up at the next Secretaries Conference. I would request you all once again to give serious thought to this matter which is of utmost importance and let us have your views before 30th June, 1983.

Agenda item No. 5

To note the position in regard to production of health education material by the Central Association.

Secretary-General : As all of you are aware, we have produced three short films in colour on Diagnosis, Treatment and Prevention measures and these films have now been dubbed in 13 regional languages and arrangements have been made to supply more than 120 prints of these films to those State Associations which had indented for the same.

The Association has also brought out in English and Hindi a small illustrated brochure for school health education. Arrangements have now been made to print this brochure in Bengali, Gujarati, Marathi, Oriya, Tamil, Telugu and Urdu as per requirements indicated by the State Associations. The total number of copies printed and distributed so far is 78,900. Besides this, 1,94,900 copies are under print.

The Association had also finalised the designs for two illustrated paper posters on diagnosis and treatment and these were circulated to the State Associations with the request that they may kindly indicate their requirements. As the response from the States was not satisfactory, it has not been possible to go ahead with the production of these posters.

Instead, we have had the same designs reproduced on plywood and rexine and these are on display today. The cost of a plywood

poster is Rs. 16/- each, provided we place an order for at least 5,000 posters. Although the rexine poster costs Rs. 13/- each, we recommend the plywood poster since it is more attractive, more durable and long lasting. The text on the posters can be dubbed in any language provided the order for each language is for 500 posters at least.

Lastly, it is quite possible that the Association may in the near future get a donation for subsidising the health education activities. If this donation materialises, the posters can be made available to the States at a slightly reduced rate. I request all the State Associations to give this matter their urgent and immediate attention and place a consolidated order as early as possible.

Dr. S. P. Pamra : Regarding films, I feel that the set of three films should be available in each district of the country, so that the Dist. Health Educator, who has a projector, can show these films along with films on other health topics in the entire district including the extreme periphery. The cost of these films is going up because of increased cost of raw film, etc. and I would request our State Associations to place their orders for prints without any delay whatsoever. Also please expedite your indents for the school health education brochure and for the posters to enable us to place consolidated orders for their supply.

I hope I have covered all the items and we have had an interesting and fruitful discussion on all the points. If any of you wish to discuss any other item, you may please do so.

Dr S.H. Patel : I find from the address Shri S. Ranganathan delivered today that the Central Association is finding some difficulty to buy time in the commercial service of the radio and television. If we write to the Ministry of Information and Broadcasting, I do not think there will be any difficulty in their waiving the charges for the broadcast/telecast.

Dr. M.M.S. Siddhu : I would like to suggest that we may write to the Ministry of Information and Broadcasting to include our anti-TB slogans in the commercial programme. If the Central Association writes to the concerned Ministry, I will also take up this matter in the Parliament and see that the charges for the broadcast/telecast on health education in respect of tuberculosis in the commercial services are waived.

Dr. S. P. Pamra : We will certainly write to the Central Government and ask them to waive the charges for the broadcast/telecast. We will also be very grateful to Dr. Siddhu for taking up this cause.

Dr. D. P. Verma : Under the Income-Tax Act 80-G, we get exemption on donations only upto a certain limit. Why cannot we approach the Government to give full exemption on donations to the Tuberculosis Associations. I think donations given to the Red Cross Society are fully exempt from payment of Income-Tax.

Air Commodore Dua : Yes, it is true. I am also a member of the Red Cross Society and they avail of the full exemption.

Dr. S. P. Pamra : I have a feeling that donations get full exemption only if these are for the purpose of research. But we get donations not only for research but also for the general activities. Any way, we will write to the Government requesting for full exemption to this Association on the analogy of donations received by the Red Cross.

Before I close the Conference, I have to draw your attention to one thing more. From a perusal of your annual reports, It appears that some of you consider the reports as a mere ritual and are under the impression that nobody reads these reports. I can assure you that these reports are read and assessed with utmost care and interest. But we often find that the information is too casual and vague and does not help much. (A few excerpts from some reports were read out). I would earnestly request all of you to see that your reports are factual, precise, informative and comprehensive.

I thank you all profusely for taking the trouble to come and attend this Conference. We wish you all success in the next year particularly in respect of health education and sale of TB seals because these activities require stepping up very much. I very much appreciate your active participation and your cooperation in conducting this Conference. I thank you all once again.

The Conference terminated with a Vote of Thanks to the Chair.

P. N. RAMAN
Secretary-General
Tuberculosis Association of India

S. P. PAMRA
Hony. Technical Adviser
Tuberculosis Association of India

M. S. CHADHA
Vice-Chairman
Tuberculosis Association of India
and
Chairman of the Conference

APPENDIX

STATEMENT SHOWING NUMBER OF SEALS
FOR THE
SEAL

Sl. No.	Name of State	30th Campaign		
		Value of Seals supplied Rs.	Collection reported Rs.	% Sold
1.	Andhra Pradesh	5,25,000	3,00,000	57
2.	Assam		Did not participate	
3.	Bengal	4,01,000	2,20,088	55
4.	Bihar	40,000	14,856	37
5.	Delhi	80,000	46,000	58
6.	Goa	50,000	40,000	80
7.	Gujarat	50,000	48,000	96
8.	Himachal Pradesh	12,000	Not Finalised	
9.	Haryana	50,000	Not Finalised	
10.	Jammu & Kashmir	30,000	6,229	21
11.	Karnataka	4,00,000	1,11,865	28
12.	Kerala	8,00,000	4,44,095	56
13.	Madhya Pradesh	1,70,000	76,416	45
14.	Maharashtra	2,20,000	96,226	44
15.	Orissa	1,40,000	75,080	54
16.	Pondicherry	15,000	13,320	89
17.	Punjab	69,000	68,810	100
18.	Rajasthan	1,00,000	30,496	30
19.	Tamil Nadu	11,59,600	8,81,204	76
20.	Tripura	56,000	41,008	73
21.	Uttar Pradesh	5,00,000	1,26,009	25
22.	Andaman & Nicobar	6,000	3,329	55
23.	Nagaland	600	Not Finalised	
24.	Sikkim	—	—	—
25.	Manipur	—	—	—
26.	Meghalaya	—	—	—

SUPPLIED AND COLLECTIONS REPORTED
30th, 31st AND 32nd
CAMPAIGNS.

31st Campaign			32nd Campaign		
Value of Seals supplied Rs.	Collection reported Rs.	% Sold	Value of Seals supplied Rs.	Collection reported Rs.	% Sold
6,00,000	4,23,982	71	8,00,000	5,02,738	63
in the last three Campaigns					
4,02,000	2,24,284	56	4,50,000	2,59,355	58
40,000	20,021	50	40,000	23,919	60
60,000	40,000	67	60,000	38,000	63
50,000	47,304	95	50,000	45,616	91
54,000	50,700	94	60,000	56,000	93
12,000	Not Finalised		14,000	Not Finalised	
1,02,000	Not Finalised		1,00,000	Not Finalised	
30,000	14,938	50	30,000	18,013	60
4,00,000	1,23,633	31	4,00,000	1,22,290	31
8,00,000	4,89,872	61	8,04,000	5,04,868	63
1,55,000	45,320	29	1,26,000	46,882	37
1,29,600	72,345	56	2,20,000	83,432	38
1,60,000	73,000	46	1,80,000	73,425	41
15,000	13,640	91	55,000	50,000	100
69,000	Not Finalised		1,65,000	1,04,200	63
1,00,000	Not Finalised		50,000	—	—
13,22,600	9,14,073	69	12,49,600	7,68,593	62
50,000	38,746	77	50,000	38,300	77
6,00,000	99,008	17	5,70,000	1,18,562	21
6,000	4,312	72	7,000	—	—
600	Not Finalised		600	—	—
—	—	—	6,000	—	—
—	—	—	10,000	—	—
—	—	—	10,000	11,259	112

